

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. ....

Registered No. 157

PLACE OF BIRTH

County GilaState Arizona

Township .....

or Village .....

City MiamiNo. Miami - Insp. HospitalSt. Globe, Ariz.

Ward .....

Full name of child Florence Patricia Carpenter

If birth occurred in a hospital or institution, give its NAME instead of street and number.

If child is not yet named, make supplemental report, as directed

Sex female

If plural births

4. Twin, triplet, or other.....

6. Premature .....

7. Legiti-

8. Date of birth July 1 - 1932

(month, day, year)

Full name

FATHER

James Elliott Carpenter

18. Full maiden name

MOTHER

Virginia Pearl Anglin

Residence (usual place of abode) (If nonresident, give place and State)

Globe, Ariz.

19. Residence (usual place of abode) (If nonresident, give place and State)

Globe, Ariz.Color or race Cauc.20. Age at last birthday 23 Years21. Color or race Cauc.22. Age at last birthday 19 YearsBirthplace (city or place) Safford(State or country) Arizona23. Birthplace (city or place) Safford(State or country) Arizona

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Steel Engineer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

House wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Mining

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

Number of children of this mother At time of this birth and including this child

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

If stillborn, period of gestation..... { months or weeks

29. Cause of stillbirth.....

{ Before labor

{ During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:40 m. on the date above stated

(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Cyril M. Brown

M. D.

or

Midwife

Address Miami - ArizonaFiled July 21, 1932E. J. Brown

Registrar

Registrar

637-0701-515